

## Chapter 22. Identification of Hearing Impairment in Infants

### §2201. Definitions

*Advisory Council*—the 14-member council created pursuant to R.S. 46:2265.

*Audiologist*—an individual licensed to practice audiology by the Louisiana Board of Examiners for Speech Pathology and Audiology.

*Auditory Brainstem Response (ABR)*—the synchronous electrical response elicited from the auditory nervous system within 20 msec after stimulation and its measurement as used for the detection of hearing loss.

*Department*—the Department of Health and Hospitals.

*Discharge*—release from the premises of a medical care facility.

*Evoked Otoacoustics Emissions (EOAE)*—acoustic echoes, evoked in response to acoustic stimuli, produced by the inner ear and measured by a microphone in the ear canal for the detection of hearing loss.

*Hearing Screening*—using procedures approved by the office to identify infants in need of diagnostic audiological assessment.

*Infants at Risk*—those infants who are at risk for hearing loss because they have one or more risk factors as indicated in R.S. 46:2263.

*Office*—the Office of Public Health within the department.

*Other Birthing Site*—any site of birth other than a hospital.

*Other Risk Factors*—any other condition(s) in addition to the factors cited in R.S. 46:2263 added by the office upon recommendation of the advisory council.

*Other Screening Device*—a device preapproved in writing by the office, comparable to or better than auditory brainstem response testing.

*Program*—the Hearing, Speech and Vision Program within the office.

*Risk Registry*—will be the data base kept by the office of all infants identified as high risk for hearing loss.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 46:2261-2267.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1430 (November 1993), amended LR 28:837 (April 2002).

### §2203. Program for Identification of Hearing Loss in Infants

A. The program will include the following.

1. The office will require a newborn hearing screening report to be used by the hospitals to report hearing screening results and risk status on all newborns to the risk registry. This form will include written material regarding hearing loss and a toll-free hotline phone number (V/TDD).

2. The office will maintain a risk registry to include information reported on the newborn hearing screening report.

3. The office will notify parents of infants at risk of available follow-up services.

4. The risk registry will include periodic notification to parents of recommended procedures for infants and children at risk for progressive hearing loss.

5. The risk registry will include information on infants diagnosed with hearing loss.

6. The office will provide for a toll-free hotline service for parents and professionals to utilize to obtain information about the program and related services. This hotline will be accessible by voice or TDD.

B. Implementation

1. All birthing sites in Louisiana must be in compliance with this act by April 1, 2002.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 46:2261-2267.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1431 (November 1993), amended LR 28:838 (April 2002).

### §2205. Procedures for Hospitals

A. Hospitals shall complete the newborn screening report on all live births.

B. Hospitals shall conduct hearing screening on all newborn infants before discharge.

C. Hospitals shall record the results of the hearing screening on the newborn hearing screening report.

D. Hospitals shall disseminate copies of the newborn hearing screening report to the parent, the office (within 14 calendar days of discharge), and the infant's primary health care provider.

E. If an infant is born in one hospital and transferred to one or more hospital(s), the last hospital to which the infant is transferred before being discharged into the care of a parent, or guardian for purposes other than transport, must complete the newborn infant hearing report and perform the hearing screening.

F. If an infant is to be placed for adoption and is to be transferred to another hospital for adoption, the hospital at which the infant is born is to complete the newborn hearing screening report and perform the hearing screening (unless §2205.E above applies). The parent copy of the newborn hearing screening report shall be sent to the guardian.

G. Referrals for infants failing the hospital screening process must be made within seven days of discharge to the infant's primary health care provider and a licensed audiologist.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 46:2261-2267.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1431 (November 1993), amended LR 28:838 (April 2002).

#### **§2207. Procedures for Other (Alternative) Birthing Sites**

A. When the infant is born outside the hospital, the person filling out the birth certificate shall complete the newborn hearing screening report.

B. Hearing screening shall be performed at the alternative birthing site before discharge. The results of the screening shall be recorded on the newborn hearing screening report.

C. The person completing the newborn hearing screening report shall disseminate the copies to the parent, primary health care provider, and the office (within 14 calendar days).

D. Referrals for infants failing the alternative birthing site screening process must be made within seven days of discharge to the infant's primary health care provider and a licensed audiologist.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 46:2261-2267.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1431 (November 1993), amended LR 28:838 (April 2002).

#### **§2209. Hearing Screening Procedures**

A. Personnel. Hearing screening will only be performed by:

1. board eligible or board certified physicians with special training in auditory brainstem response testing and/or otoacoustic emissions and in infant hearing testing. Evidence of training must be submitted to the office;

2. audiologists licensed by the Louisiana Board of Examiners for Speech Pathology and Audiology with special training in auditory brainstem response testing and/or otoacoustic emissions testing and in infant hearing testing. Evidence of training must be submitted to the office;

3. persons trained and supervised by personnel meeting requirements for §2209.A.1 or 2 above.

a. A board-certified or board-eligible physician or licensed audiologist who is supervising another individual performing hearing screening must at least be accessible by telephone while the screenings are being performed, review a percentage of the screening documentation and copies of the newborn hearing screening report and perform periodic direct observation of each individual at least once per month as they perform hearing screenings. After an individual supervised by an audiologist or physician has performed hearing screening under the above supervision for one year, direct observation every three months is required.

Note: To minimize liability it is recommended that the standard for special training be by an accredited medical or educational institution and include sufficient practicum for proficiency. Any deviation from this recommended standard may increase liability.

B. Test Procedures. The following test procedures are the only acceptable methods for use in infant hearing screening:

1. Auditory Brainstem Response (ABR) either automated or non-automated;

2. Evoked Otoacoustic Emission (EOAE);

3. test levels, failure criteria and all other test parameters are set by protocols established by the office, upon recommendations of the State Advisory Council.

C. Test Environment. The facility providing the hearing screening tests shall make all efforts possible to insure testing is conducted in a quiet environment.

D. Calibration of Equipment. Hearing screening equipment shall be calibrated annually and documentation maintained at the screening site.

E. Exemptions. Any requests for exemptions from hospitals or other birthing sites unable to

perform hearing screening on all at-risk patients before discharge must be made in writing to the office. Exemptions will be considered on a site-by-site basis considering birth population, financial status, availability of services and other factors. Birthing sites requesting exemptions will be required to have an alternative testing site available for referral of at risk infants needing hearing screening within seven calendar days of discharge.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2261-2267.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1431 (November 1993), amended LR 28:838 (April 2002).

#### **§2210. Referral and Follow-Up**

A. Referrals for infants failing screening must be made to the infants primary care physician and a licensed audiologist within seven days of discharge by the birthing center.

B. Appropriate protocols and standards for diagnostic evaluations to determine hearing loss shall be established by the office, upon recommendations of the State Advisory Council.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2261-2267.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:838 (April 2002).

#### **§2211. Confidentiality of Information**

A. All information on the newborn hearing screening report is considered confidential and cannot be released by the office, the hospital or the primary health care facility without the parent or guardian's written informed consent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2261-2267.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1432 (November 1993).

#### **§2213. Risk Registry and Tracking**

A. The office will maintain a risk registry to include information on all live births and infants identified as at risk for hearing loss.

B. The office will track at risk infants who fail or do not receive hearing screening prior to hospital discharge. Assistance will be provided for service referrals when necessary.

C. The office will track and notify parents of infants and children at risk for progressive hearing loss of appropriate procedures for follow-up testing and monitoring of their child's hearing until age five.

D. The office will develop a system for reporting diagnosis of hearing loss by primary health care providers, audiologists and parents for children up to age 5.

E. The office will disseminate statistical reports regarding the number of infants tested and the number with diagnosed hearing loss to the Louisiana Commission for the Deaf, the Louisiana School for the Deaf, the Department of Education and other interested parties on an annual basis.

F. Infants and children with diagnosed hearing loss shall be referred to appropriate agencies for rehabilitation and education services with parental/caregiver consent. For infants and toddlers up to age three with diagnosed hearing loss, referral to Childnet shall be made for early intervention services.

#### **G. Non-Compliance and Penalties**

1. The State Advisory Council shall recommend to the office methods of monitoring hospitals, physicians and audiologists for compliance with all sections of this statute.

2. The State Advisory Council shall report any hospital, physician or audiologist found to be non-compliant to the appropriate licensing, regulatory or other appropriate agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2261-2267.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 19:1432 (November 1993), amended LR 28:838 (April 2002).